



E52  
JACC March 27, 2012  
Volume 59, Issue 13



## ACC-i2 with TCT

### PRACTICE OF TREATMENT OF IN-STENT-STENOSIS IN PCI FOR ACS IN CLINICAL PRACTICE IN EUROPE: RESULTS OF THE EHS PCI REGISTRY

i2 Poster Contributions

McCormick Place South, Hall A

Saturday, March 24, 2012, 9:30 a.m.-Noon

Session Title: ACS/NonSTEMI

Abstract Category: 5. PCI - ACS/NonStemi

Presentation Number: 2521-200

Authors: *Anselm K. Gitt, Timm Bauer, Uwe Zeymer, Ralf Zahn, Christian Hamm, Euro Heart Survey PCI Registry, Herzzentrum Ludwigshafen, Ludwigshafen, Germany, Institut f. Herzinfarktforschung Ludwigshafen an der Universitaet Heidelberg, Ludwigshafen, Germany*

**Background:** The number of PCI has been increasing during the last years in Europe. Little is known about the characteristics of interventional treatment of in-stent-re-stenosis (ISR) in clinical practice in Europe.

**Methods:** Between 2005 and 2008, 47,407 consecutive patients undergoing PCI were enrolled into the PCI-Registry of the Euro Heart Survey Programme to document patient characteristics, PCI details and hospital complications in different PCI indications. We examined the differences between treatment of ISR versus de novo-lesions in patients undergoing PCI for ACS in clinical practice.

**Results:** A total of 14,011 patients underwent PCI for ACS, in 789 (5.6%) the treated culprit lesion was an ISR. Patients with ISR more often were male; more often had diabetes, prior MI and CABG than patients undergoing PCI in de-novo lesions. No differences were found in the use of anti-thrombotic drugs despite a more frequent use of GP IIb/IIIa receptor blockers even in patients with de-novo lesions rather than in ISR. In ISR, 70.1% of patients did receive a stent, of which 64.6% were DES. The rate of stenting in de-novo lesions was 94.8%, with a relative proportion of 38.0% of DES. No differences were observed in hospital outcome.

**Conclusions:** The culprit lesion in consecutive patients undergoing PCI for ACS in clinical practice in Europe was ISR in 5.6%. Patients with ACS treated for ISR less often received new stents, of which only two third were DES.

	ISR n=789	De-novo stenosis n=13,222	p-value
Age [years]	65	64	=0.36
Female Gender	22.1 %	27.1 %	<0.01
Prior MI	61.2 %	21.4 %	<0.001
Prior CABG	10.8 %	3.9 %	<0.001
PAD	8.4 %	5.4 %	<0.001
Diabetes	29.2 %	21.6 %	<0.01
Insulin Tx	27.5 %	24.2 %	=0.27
Stent Implantation	70.1 %	94.8 %	<0.001
Relative DES	64.6 %	38.0 %	<0.001
GP IIb/IIIa	38.9 %	42.5 %	=0.05
Heparin	83.3 %	81.6 %	=0.24
LMWH	29.5 %	29.7 %	=0.92
Bivalirudin	1.6 %	1.1 %	=0.19
Death	4.3 %	3.6 %	=0.31
MI	3.5 %	3.8 %	=0.67
Death / MI / Stroke	7.1 %	7.2 %	=0.95